



\$372 V

PATENT  
Attorney Docket No. BSC-017CP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Sixto et al. GROUP NO.: 3739  
SERIAL NO.: 09/359,335  
FILED: July 21, 1999 EXAMINER: R. Kearney  
TITLE: Electrosurgical Tissue Removal with a Selectively Insulated Electrode

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**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Assistant Commissioner for Patents, Washington, DC 20231 on November 16, 2001.

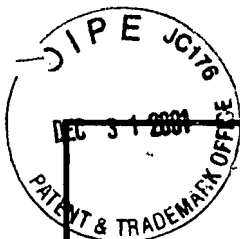
  
Jacqueline L. Marlier

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith are the following:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. Petition for a One-Month Extension of Time (1 pg.);
4. Check in the amount of \$110;
5. Return receipt postcard; and
6. This Certificate of First Class Mailing (1 pg.).



# TRANSMITTAL FORM

Application Serial Number	09/359,335
Filing Date	July 21, 1999
First Named Inventor	Sixto et al.
Group Art Unit	3739
Examiner Name	R. Kearney
Attorney Docket No.	BSC-017CP

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Supplemental Information Disclosure Statement Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosures (please identify below) |
|--|---|--|

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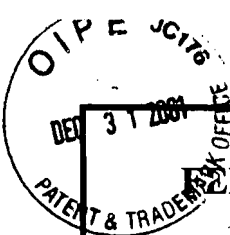
## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
*Ronda P. Moore, D.V.M.*  
Ronda P. Moore, D.V.M.  
Attorney for Applicants  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110

Date: November 16, 2001  
Reg. No. 44,244  
Tel. No.: (617) 248-7044  
Fax No.: (617) 248-7100



# FREE TRANSMITTAL FY 2002

Complete if Known

Application Serial Number	09/359,335
Filing Date	July 21, 1999
First Named Inventor	Sixto et al.
Group Art Unit	3739
Examiner Name	R. Kearney
Attorney Docket No.	BSC-017CP

## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

## FEE CALCULATION

### 1. FILING FEE

#### Large Entity

Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = 0 x \$ 84.00 = 0

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL: 0

SMALL ENTITY DISCOUNT: 0

SUBTOTAL (1) (\$ ) 0

### 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
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Total - = x \$ 18.00 =

Indep. - = x \$ 84.00 =

☐ First Presentation of Multiple Dep. Claim + \$280.00 =

TOTAL: (\$ )

SMALL ENTITY DISCOUNT: (\$ )

SUBTOTAL (2) (\$ )

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	110.00
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	
1960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$ ) 110.00

SUBTOTAL (1) 0

SUBTOTAL (2) 0

SUBTOTAL (3) 110.00

TOTAL (\$ ) 110.00

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High Street Tower-125 High Street  
Boston, MA 02110  
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Respectfully submitted,

*Ronda P. Moore, D.V.M.*  
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